

EDUCATIONAL LIMITED RENEWAL CERTIFICATION OF ADMITTANCE TO A MEDICAL POSTGRADUATE TRAINING PROGRAM

Authority: 1978 PA 368

Your license will not be renewed until we receive this information

Section of Form to be Completed by Applicant:

Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number
Hospital Name or Institution		
Hospital or Institution Street Address		
City	State	Zip Code
Program Name	Program Start Date	
<p style="text-align: center;">I am continuing my educational limited appointment in the <i>same program</i> at the <i>same location</i> as shown above</p> <p style="text-align: center;">I am continuing my educational limited appointment, but will transfer to a <i>new program</i> as shown above</p>		
Signature of Director of Medical Education		Date